

FEE DETERMINATION	INITIALS	ID NO.	DATE
O.I.P.E. CLASSIFIER	S.M.	9 28/00	
FORMALITY REVIEW	S.B.	10/27/00	
RESPONSE FORMALITY REVIEW			

11  
Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 J ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original 6/22/00	51	6/22/00	101	
1		52	✓	102	
2		53		103	
3	✓	54		104	
4	✓	55		105	
5		56		106	
6	✓	57		107	
7	✓	58		108	
8	✓	59		109	
9	✓	60		110	
10		61		111	
11	✓	62		112	
12	✓	63		113	
13		64		114	
14		65		115	
15	✓	66		116	
16	✓	67		117	
17	✓	68		118	
18	✓	69		119	
19	✓	70		120	
20	✓	71		121	
21		72		122	
22	✓	73		123	
23		74		124	
24		75		125	
25		76		126	
26		77		127	
27		78		128	
28		79		129	
29		80		130	
30		81		131	
31		82		132	
32	✓	83		133	
33		84		134	
34		85		135	
35		86		136	
36		87		137	
37		88		138	
38		89		139	
39		90		140	
40	✓	91		141	
41		92		142	
42		93		143	
43		94		144	
44		95		145	
45		96		146	
46		97		147	
47		98		148	
48		99		149	
49		100		150	

If more than 150 claims or 10 actions  
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